

PROX PARKING ACCESS APPLICATION

(The DHMH Parking Policy is located at

<http://dhmh.maryland.gov/policy/02.12.06%20DHMH%20Parking%20Policy%205-7-12.pdf>)

DATE _____

CHECK ONE: Individual ☐
(Complete Section I ONLY)

Car Pool ☐
(Complete Section I and II)

Discretionary ☐
(Complete Section I + Auth. ltr.)

Medical ☐
(Complete Section I and Med Survey)

CHECK ONE: 201 Preston ☐ Calvert St ☐ Patterson Ave ☐

SECTION I – INDIVIDUAL/PRIMARY DRIVER

NAME _____ TITLE _____

ADMINISTRATION _____ GRADE _____

AGENCY/UNIT CODE _____ T-K SORT # _____

WORK PHONE _____ EOD DATE _____
(Beginning of Full-time State Service)

FRONT ID # _____ BACK ID # _____

VEHICLE _____ TAG NO. _____
(Year, Make, Model)

SECTION II – PASSENGERS

NAME _____ TITLE _____

ADMINISTRATION _____ GRADE _____

AGENCY/UNIT CODE _____ T-K SORT # _____

WORK PHONE _____ EOD DATE _____
(Beginning of Full-time State Service)

NAME _____ TITLE _____

ADMINISTRATION _____ GRADE _____

AGENCY/UNIT CODE _____ T-K SORT # _____

WORK PHONE _____ EOD DATE _____
(Beginning of Full-time State Service)

NAME _____ TITLE _____

ADMINISTRATION _____ GRADE _____

AGENCY/UNIT CODE _____ T-K SORT # _____

WORK PHONE _____ EOD DATE _____
(Beginning of Full-time State Service)

(List additional passengers on a separate sheet.)

For Official Use Only

Parking ID #: _____ Date Issued _____